

CITY OF ROCKY MOUNT
Parks and Recreation Department

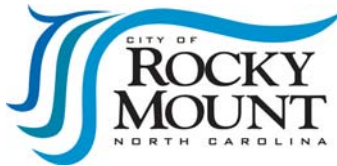
REFUND REQUEST

DATE: _____
REFUNDED PERSONS: _____

I, _____, do hereby give full consent to the City of Rocky Mount Parks and Recreation Department to refund the above person all fees, minus administrative costs, for the requested programs. I understand that all refunds must be requested by the payer, and will be refunded to the payer only. I agree that I have read and fully understand the refund policy.

Payer Signature

Authorized Representative of the Department



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